SCHEDULE B (FEC Form 3X)

	SILDOLL B (I LOI OIIII 3X)	Use seperate schedule(s)		FOR LIN (check o		RFK:		[P	AGE	19 / 4	.0	_
Τ	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28		23 28b	24 28c	П	25 29	26 30	
	y Information copied from such Reports and Statem for commercial purposes, other than using the name										5	_
OI 1	NAME OF COMMITTEE (In Full)	and address of any pointed	COITII	iiillee lo	SUIICIT CC	iiiibu	tions in	JIII SUCII		iiillee		_
	American Physical Therapy Association Ph (PT-PA	ysical Therapy Political	Actic	on Com	mittee							
	Full Name (Last, First, Middle Initial)				Tra	nsac	ion ID:	198087	745			
۹.	Nathan Deal For Congress						Disburse				_	
	Mailing Address PO Box 902					3 M	0	7 /	ž	0 ŏ 7	Y	
	City State Zip Code Gainesville GA 30503						of Each	Disburse	emen	t this P	eriod	
	Purpose of Disbursement	GA 30503			- Г				2	2500.0	00	
	O11									-		ı
	Candidate Name Mr. Nathan Deal											
	Senate X President	ment For: 2008 Primary General Other (specify)										
	State: GA District: 9											_
3.	Full Name (Last, First, Middle Initial) Democratic National Committee						t ion ID: Disburse	198087	'49			
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	Mailing Address 430 S. Capitol Street, SE					3			_			
	,	State Zip Code DC 20003			An	ount (of Each	Disburs	ement	t this P	eriod	
	Purpose of Disbursement				7 L				15	5000.0	00	
)11								
	Candidate Name		egory/ ype									
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)										
	Full Name (Last, First, Middle Initial)						ion ID:	198092	2/6			_
).	Allyson Schwartz for Congress						Disburse		.40			
	Mailing Address 38 Ivy Street, SE				O ^N	3 ^M	[/] ^D 2	0 /	ž Ž	0 ŏ 7	Y	
	,	State Zip Code DC 20003			An	nount	of Each	Disburse	-men	t this P	eriod	_
	Purpose of Disbursement				-				2	2500.0	0	
	<u>011</u>											
	Candidate Name Allyson Schwartz			egory/ ype								
	Office Sought: X House Disburse											
		Primary General										
	President State: PA District: 13	Other (specify) ▼										
S	UBTOTAL of Disbursements This Page (optional) .			▶					20	0.000	0	_
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T	OTAL This Period (last page this line number only)			▶								